

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: OUR FAMILY HOME (0010451)
Address: 425 ABRAMS ST, GREEN BAY, WI 543023209
License Status: REGULAR
Licensed/Certified/Registered 04/27/2004
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097070 **End Date:** 05/17/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007302 Served 06/03/2006

Deficiencies Cited

88.05(4)(d)2.b

88.06(3)(a)

Subject Area

FIRE EVACUATION ANNUAL EVALUATION

INDIVIDUAL SERVICE PLAN & ASSESSMENT

Compliance
Verified

Corrected

Survey ID: 0092426 **End Date:** 04/27/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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